PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application of	r Docket	Number
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10624685

(Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		26				Г	RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			<i>16</i> minus 20=		* 6			X\$ 9=		OR	X\$18=	102
<u> </u>	EPENDENT CL		3 minus 3 =		*		Ì	X42=		OR	X84=	<i> </i>
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	2C8	
CLAIMS AS AMENDED - PART II											OTHER	THAN
_	A MART TO COMPANY TO SERVICE STATES	(Column 1) CLAIMS		(Colur		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=							+140=		OR	+280=		
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	mn 2)	(Column 3)		DD11. CC			NDD11.1 CC1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDENT	CLAIM			+140=		OR.	+280=	
							Ĺ	TOTAL			TOTAL	
		(Only 1997 4)		(0.1	- 0\	(0.1 5)	Al	ODIT. FEE		OR	ADDIT. FEE	
.		(Column 1) CLAIMS	f* - 7 - 5 - 7 - 7 - 7	(Colur HIGH		(Column 3)	i			. 1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	***	T CL AINA	=		X42=		OR	X84=	
<u> </u>	I TOT TILOL	TATALION OF MI	OLIN LE DEF	LINDEIN	CLAIN		'	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 center "20".									TOTAL			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEADDIT. FEE												